

The COVID-19 Crisis

Josh Green

Sitting on a hotel lanai on Kauaʻi in early 2020, I watched a cruise ship make its way into harbor with hundreds of visitors from all corners of the world. This very normal ritual for the beautiful Garden Isle, welcoming tourists for a day or two, was about to become an existential threat.

I couldn't help but view this moment through my more practiced role of local emergency room physician, as opposed to the lens of Lieutenant Governor. It had been only six or eight weeks since we had first heard about a novel coronavirus coming out of Wuhan, China. We had few if any cases of COVID in Hawaiʻi at that point, but we were vulnerable. I thought to myself, Kauaʻi only has eight intensive care unit beds and fifteen ventilators. What happens if this ship is full of pre-symptomatic passengers infected by the virus? If Kauaʻi has an outbreak, can we handle it?

As acting Governor in the early days of the outbreak (Governor Ige was on a brief diplomatic mission to Japan) I pushed hard to set up a joint information center to help us sort through the reports that were exploding globally. There was a lot of misinformation to manage, and there were incredible unknowns. To that point, Hawaiʻi's Department of Health was minimizing the potential impact of COVID in Hawaiʻi, and most planning revolved around the inevitable need to push for social distancing. No one was wearing masks yet, and there seemed to be a feeling in the air that we wouldn't get hit like they were in China and Europe.

In fairness, despite what others might say, there simply was no roadmap to follow for Hawaiʻi for COVID-19. The department had only a handful of contact tracers should the disease reach our shores (SARS and MERS, other legendary coronaviruses, had had little impact on Hawaiʻi in previous decades), and the department remained severely understaffed for such rare emergencies. We were aware that the state lab could only process a total of 250 tests a week, and they were holding onto those tests for extremely ill patients should they reach the ICU.

What would happen if a cruise ship with 1200 passengers had hundreds of cases and spread the virus on one of our vulnerable neighbor islands? Or for that matter, how would large numbers of international travelers flying to Hawaiʻi spread the disease? Hawaiʻi has a severe healthcare provider shortage—22 percent state-wide, and up to 40 percent on the Big Island and Maui. We were headed for a disaster.

To me, the question was not if this outbreak was headed our way, but when. In fact, I suspected it had already been among us before the reports started to come out of China. I heard innumerable stories from patients that they had a nasty “flu” in December and January, but had just ridden it out. Many reported a bad cough and fever, but had tested negative for the flu. Had they all been COVID patients?

A Japanese married couple had traveled to Maui, and the husband turned up sick and positive for COVID as they headed to O'ahu to see an old friend. By the time they returned to Japan, the wife also was sick with COVID. The Department of Health scrambled to contract trace this couple, but was reluctant to test their close contacts. Was this the beginning of things to come?

In early February, the White House decided to ban travel from China to the US, but many Chinese travelers could still go to Japan, then fly to Hawai'i. Reports of Chinese visitors continued to come to me as LG, and I knew we were starting to see cases clinically. But it was a war to convince our own epidemiologists to test widely. They preferred to quarantine suspected but unconfirmed cases at home. We were literally blind without testing. By March 5, a group of us confronted our own public health officials and demanded an increase in testing. They pushed back, citing shortages of swabs, reagents, and personal protective gear, all made more difficult by early challenges emanating from a CDC (Centers for Disease Control and Prevention) that was navigating Washington politics as it tried to address a global pandemic and a virus that didn't care whether you lived in a red state or a blue state.

The crisis would be managed with social distancing and self-quarantine, our department said. University leaders and the medical community pushed back fiercely. Had the Department of Health position prevailed, we would have had mass fatalities in our islands. One model showed that without immediate changes to our approach, we were facing an epic surge of COVID and 4779 deaths by April 20. The medical community's position prevailed, and we launched forty-two testing sites statewide. Some independent providers began drive-through clinics to meet both the medical and psychological need of Hawai'i's people. It was not a moment too soon.

Results of confirmed cases began to come in from the private statewide testing efforts, and the gravity of the situation became evident. This testing, while critical and extremely welcome, was still less than two percent of the population, and suggested an undercount of actual cases. Hawai'i was about to be overrun with COVID-19. We had to lock it down, or face a surge so awful that Hawaii's 244 hospital intensive care unit beds and 459 ventilators would be filled in a few short weeks, and we would be forced to make the same death sentence clinical decisions that places like Italy and Spain were now making. In these nations they could only provide enough critical care support for those in their sixties and younger. Our kūpuna were going to die.

Testing grew and Hawai'i's case count started to rise. First ten, then fifteen cases a day, then in March we started to see counts in the twenties. It was coming.

So we shut it down.

On March 17, I reached out to our lead in the administration, General Ken Hara, a thoughtful and nimble Adjutant General who had been appointed by the Governor to lead the COVID response, and asked him to impose a stay-at-home order (a mandatory quarantine on all of our residents who didn't work essential jobs) and a 14-day quarantine on all travelers who came into Hawai'i by sea or air. Eight days later the Governor made this lifesaving order official, and Hawai'i was spared an event so horrible that it couldn't be contemplated by anyone who hadn't seen behind the curtain. We in healthcare knew we were only days away from an outbreak that could not be contained.

In the subsequent weeks, Hawai'i's arrivals dropped a shocking but necessary 99.6 percent, and we saw a steady decrease in cases across the state to single digits. We also experienced legendary unemployment that peaked in late May. It was an impossible decision that had to be made, and one which would set the stage for how Hawai'i will view itself going forward for decades. We placed life above politics or profits. We placed 'ohana ahead of self-interest.

Federal aid and unemployment subsidies brought the state necessary life support, but its limitations began to become evident as the summer began. People's willingness to continue to socially distance waned, and the local kama'āina economy began to reopen in early May. Intermittent surges of COVID returned, but fatalities were avoided almost completely. Hawai'i's mortality rate remained the lowest in all of the fifty states, but our unemployment was the highest in the nation.

By June, most of the country began to open again and experience large spikes of COVID. Again we were put to the question, how long could we remain almost completely locked down with no economic activity? Domestic violence and suicides were rising. Children were not getting immunizations and their education was severely compromised. One out of five people had issues with food security, and almost half of our people worried they couldn't afford basic necessities. We had to begin to consider how to reopen Hawai'i safely.

Opening up to tourism meant allowing for the risk of spreading COVID and looking like the rest of America. Staying closed meant eventual economic ruin. So only one possibility remained. Test everyone who travelled to Hawai'i, and quarantine all who refused that commitment to health and safety. On June 24, after three weeks of exhaustive debate between dozens of Hawai'i leaders, a decision was made. We announced the plan to require pre-testing of anyone who wanted to come to Hawai'i and avoid a 14-day quarantine, beginning August 1, 2020, thus restoring tourism and an economic future for Hawai'i.

We had survived the first wave of COVID, and our community's unprecedented and brave sacrifice was recognized globally.

What would happen next, with comprehensive screening and testing for all who chose to come to paradise? Only time would tell.